

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF

Herbert Studstill EU

DEFENDANT

Julita Floyd King

Case: 2:17-mc-51265

Judge: Battani, Marianne O.

MJ: Grand, David R.

Filed: 09-14-2017 At 04:23 PM

IN RE: HERBERT STUDSTILL (dat)

SERVE  
AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE

Julita Floyd King

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

33663 Beverly Rd Romulus MI 48120

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Herbert Studstill EU  
Romulus MI 48120  
6296 Carnegie St

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Folc

Fold

Signature of Attorney other Originator requesting service on behalf of:

☐ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated.  
(Sign only for USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin

No. \_\_\_\_\_

District to Serve

No. \_\_\_\_\_

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date

Time

☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges including endeavors

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal\* or (Amount of Refund\*)

REMARKS:

**DISTRIBUTE TO:**

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED